
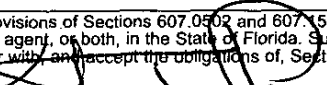


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90184 040 ***150.00

0149045

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000026753			
1. Corporation Name CONSUMMATE REHABILITATION SERVICES, INC.			
Principal Place of Business 18112 NW 19 STREET PEMBROKE PINES FL 33029		Mailing Address 18112 NW 19 STREET PEMBROKE PINES FL 33029	
2. Principal Place of Business 21 5201 HOLLYWOOD BLVD. Suite, Apt. #, etc. 22 1ST FLOOR City & State 23 HOLLYWOOD FLORIDA Zip Country 24 33021 25 U.S.		2a. Mailing Address 26 5201 HOLLYWOOD BLVD. Suite, Apt. #, etc. 27 1ST FLOOR City & State 28 HOLLYWOOD FLORIDA Zip Country 29 33021 30 U.S.	
9. Name and Address of Current Registered Agent HERRERA, CARLOS 100 SE 2ND STREET STE 2200 MIAMI FL 33131		3. Date Incorporated or Qualified 03/23/1998	
		4. FEI Number 65-0827554 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
10. Name and Address of New Registered Agent 81 Name KURT JOSEPH 82 Street Address (P.O. Box Number is Not Acceptable) 83 18112 NW 19TH STREET 84 City PEMBROKE PINES FL 85 Zip Code 33029			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE  KURT JOSEPH <small>(NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address, with all other like empowered.			

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-99

Date

954-961-0577

Daytime Phone #

CR2E034 (11/98)